

LTCSS Workforce Development Meeting
January 12, 2009
Minutes

Welcome, Introductions, and Review of Agenda

- Welcome new attendees

Discussion of CNA/hospice aide training enhancement final recommendations

- Hollis provided background – Current CNA training is the federal minimum. Workgroup committee has been involved in consensus building with several stakeholders to change the training requirements and incorporates training for hospice aide, which is allowed by new federal rules.
- Goal is to get approval from the LTCSS this month and move forward with legislation ASAP.
- Email attachments for this meeting included draft administrative recommendations and draft “big topic” core competencies.
- Reviewed comments that came in via email regarding the core competencies from various stakeholders. Discussed the following changes to the core competencies document.
 - o Wayne County - include spiritual support as a core competency under self-care. Meeting participants discussed where it should be added. Did not fit under #4, but appears to be a better fit under #3 or #5. Group consensus to add to #5 after the word “dignity.”
 - o Judy Sivak from Kalamazoo AAA – Concern about in-service training and education and to tie the hours of in-service to dementia training. This has been a discussion with the committee. In-service hours and training are determined by the nursing home and should remain there, instead of making broader changes to the Public Health Code. Meeting participants agreed with not changing in-service training requirements
 - o Cheryl Herba – Add high schools to locations to the locations of current CNA programs. Meeting participants agreed with this change.
 - o OSA – In competency #1, change “recognize” to “know”. Meeting participants agreed to keep recognize. Other suggested change was regarding competency #6 – add “participate” to the competency.
 - o Meeting participants discussed how to address continuing education for CNA. According to Rae Ramsdale, other states currently keep continuing education under the direction and guidance of the nursing home rules, not for rules related to individual certification. According to _____ (woman from hospice association) the hospice rule requires the hospice to make sure that 12 hours of CEUs are required for hospice aide. Chris Hennessey asks how to incorporate continued learning as a component or expectation as a part of maintaining CNA certification. Rae says something like this could come under administrative rules if we use a “licensure model.” The Bureau is trying to move away from the notion of continuing education, because it is focused on sitting in a class room, which doesn’t guarantee competency. Meeting participants agreed that the issue of continuing education can be incorporated under Competency #3 as more detail is added to the competencies.
 - o Meeting participants discussed and agreed to broadening list of interested parties to include state agencies, like OSA, LTCSSS, MDCWI.

- Marci Cameron suggested change the title of Competency of #4 to “Safety and Well-Being”, rather than just “Safety” to move beyond just protection and medical model. Meeting participants agreed to name Competency #4 to “Well-Being and Safety”
- Recommendation to make use of CMP funds as a recommended funding source that is not being used now by the Bureau.
- Consensus vote on the Core Competencies. No objections. All attending supported except one person voted to stand aside.
- Discussion of the Administrative Recommendations – these recommendations deal with the administration of the CNA trainings: who can do the training, how can people sign up, and admittance and removal from registry.
 - Bob Buryta raised question about settings for training about certification of home health agencies. Why are home health agencies the only setting that has the word “certification”? Meeting participants stated that is common language for designating non-licensed long-term care settings and certified home health is the common terminology for these settings. Second question on who within MDCH is notified and why on Section 1.
 - Kathy on the phone raised the suggestion that the primary education staff that can train include RNs, nurse consultants, or nurse educators. This can increase who from staff are pulled into do the training beyond just staff from employees of nursing home or other facilities. This is to bring people who are responsible for teaching not just service delivery into the requirements for primary training. The concern for making this change is that the regulations do not allow people who are primarily in education to serve as primary educators. And, there is also a concern for using people who do not have field experience as primary teaching. Currently the Bureau has the discretion to make the determination of an RN with education background/role would be a good primary education without the suggested language change. This may be an issue that can be addressed in the rule making process not legislative. Meeting participants decided not to make this change to “primary educators” in view of the federal requirement and current Bureau practice.
 - Under Section 1 c3 – change language to (change in bold) “trainers should attend **all** portions of training **except those that...**” Meeting participants agreed.
 - Under Section 2B – remove contact information for the trainer database. Meeting participants agreed on removing this as a component of the trainer database to maintain privacy of trainers.
 - Criminal Background Check Section – Rae raised concerns that there is legislative authority to require background checks before they become providers. There is a concern that since that section requires the cost for these background checks be covered by state revenues not the training programs. Requiring this payment from state revenue will open the door for payment for background checks for other providers given our fiscal climate. Hollis mentioned that there is a strong chance that this section will be lost. Lauren said, this can be an opportunity to plant a seed on this issue even if there is no traction to move it at this time. Lauren discussed recent legislation (HB 6056 and HB 6057) that passed regarding payment of background checks. Bob Buryta asked why the trainee can’t pay the cost for the background check or do some sort of cost sharing. Meeting participants explained that the cost for checks (\$60) would be a significant barrier to even entering the field. Lengthy discussion on this issue came forth. Need to make a savings case to show that paying for the background check up front will result in savings for both state,

training programs, and trainees. Meeting participants agreed to keep this section in recognizing the arguments against this that may come up.

- Consensus vote on Administrative Recommendations. All agreed with one person standing aside vote
- These documents will go the full LTCSS Commission as a recommendation for acceptance
The next full Commission meeting will not be on 1/26, but will be a two-day retreat.
Though it won't be a full meeting, there will be an opportunity to present recommendations.

Cast your crystal ball – what opportunities, tools, resources, etc. does your organization have in the upcoming year relevant to state policy

- Reminder that the role of this group is to bring forth policy changes/ideas to regarding long-term care to the State government
- Hollis – shared the new Michigan Fact Sheet showing job growth and need for investment in these jobs
- Bob McLuckie – discussed challenges with training in the CMH system and how training is not consistent across the system and county lines. Bob's "crystal ball" would be seeing a portable credential for the CMH system so that he can put people to work because right now, he can't do that b/c he has to retrain them to meet the standards when transferring workers between counties. Would like to see it as a part of the contracting process or some other administrative mechanism. Charles Williams also agreed with Bob's "crystal ball".
- Marci Cameron – Train the Trainer on dementia care curriculum. The curriculum is available and free. Her Department as a federal community health block grant funds.
- Lauren Swanson – Home Skills Enhancement Project is in development to go on the OSA website so it is accessible.
- Tameshia Bridges – Rate enhancement study to analyze costs of raising Medicaid reimbursement for providers to offer affordable, adequate health insurance to workers
- Chris Hennessey – classes on mental health and aging for LCC
- Dave Jackson – Things in the federal Department of Labor are in flux with a new administration coming in. There will be a different focus federally from the US Department of Labor in terms of training and retraining for displaced workers for the emerging job sector. There may be a lot more targeted money for training and retraining. Dave discussed what apprenticeship occupations in health care. Has spoken with the Obama Transition Team and they are interested in "professionalizing" direct-care workforce through training and good compensation
- Jean Peters – working on CNA apprenticeship in her area. Has just partnered with the Geriatric Center for Education through MSU to do more intensive dementia training for facilities and physician staff. RSA is also working on a YouthBuild grant.
- Rosemary Zimba – Will be part of an international symposium panel discussion in France to discuss caregiver issues. Other participants are from countries with national long-term care. Her focus will be on recruitment and retention of direct-care workers

Next Meeting – February 26th

- Purpose of this meeting is to discuss what issues will be on the 2009/2010
- Committee chairs need to have meetings by this date and come to meeting with ideas for 2009/2010.